

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. /10/573,393/ FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4	/						54						
5	/						55						
6	/						56						
7	/						57						
8	/						58						
9	/						59						
10	/						60						
11	/3						61						
12							62						
13	/						63						
14	/						64						
15	/						65						
16	/						66						
17	/						67						
18	/						68						
19	/						69						
20	/						70						
21	/						71						
22	①/						72						
23	②/						73						
24	③/						74						
25	④/						75						
26	/						76						
27	/						77						
28	/						78						
29	/						79						
30	/						80						
31	/						81						
32	/						82						
33	/						83						
34	/						84						
35	/						85						
36	/						86						
37	/						87						
38	/						88						
39	/						89						
40	/						90						
41	151						91						
42	145						92						
43	151						93						
44	145						94						
45	/						95						
46	/						96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓		↓		↓							
TOTAL DEP.	43	←		←		←		↓		↓		↓	
TOTAL CLAIMS	46	[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	

BEST AVAILABLE COPY